


Entered - 08/01/00 - sb  
CL00L0449 - DIANNE C. MITCHELL

**00-*R*-1727**

CLAIM OF: SHARON BEASON  
6295 Malone Road  
Douglasville, Georgia 30134

For damages alleged to have been sustained as a result of damaged clothing  
due to sitting in a freshly painted swing on July 10, 2000 at Loring Heights  
Park.

THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0449

Date: October 10, 2000

Claimant /Victim SHARON BEASON

BY: (Atty.) (Ins. Co.) \_\_\_\_\_

Address: 6295 Malone Road, Douglasville, Georgia 30134

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 238.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 07/18/00 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/10/00 Place: Loring Heights Park

Department PRCA Division: Parks

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges she damaged her clothing when she sat in a freshly painted swing. However, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

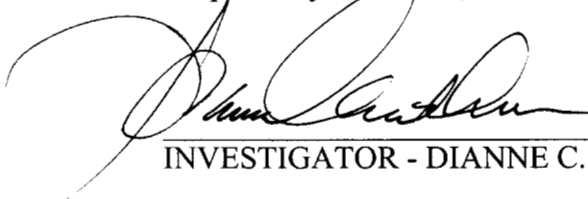
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager: [Signature] Concur/date 10/10/00

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
CITY HALL  
55 TRINITY STREET, S.W.  
ATLANTA, GEORGIA 30335

RE: CLAIM FOR DAMAGES

DATE: 7-14-00

ENTERED - 8-1-00 - SB SKIRT 58.00  
00L0449 - DIANNE MITCHELL SKIRT 46.00  
HAND BAG - 140.00

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 238.00 property and / or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 7 10 00 (month / day / year)
2. Police called: YES NO
3. Location of incident: LORING HEIGHTS PARK
4. Name of your insurance company: Policy No.
5. State what and how incident occurred: SAT DOWN IN SWING THAT HAD JUST BEEN PAINTED, NO SIGN OF ANY INDICATION THAT IT WAS WET. NO WORKERS NEAR SWING RUINED SKIRT BLOUSE + LEATHER HAND BAG
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your Vehicle: (make) (year) (tag number) (driver's name)  
City Vehicle: (make) (city driver's name) (department/bureau)
8. Witness: (name) (address) (telephone number)
9. The acknowledgment of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or is employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sharon Beason  
(CLAIMANT'S NAME)  
6295 Malone Rd  
(ADDRESS)  
Douglasville Ga 30134  
(CITY AND STATE)  
404 873-4771 790 949-0533  
(WORK NUMBER) (HOME NUMBER)

00-R-1727